

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

NOV 15 1937

1. PLACE OF DEATH

County Boone
Township
City Columbia (No.)

Registration District No. 73
Primary Registration District No. 3006

File No. 37088
Registered No. 245
St. Ward)

2. FULL NAME

Andrew Scott
(a) Residence, No. 209 N. 1st. St., Ward.

(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Addie Henderson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 7 - 1882

7. AGE YEARS 55 MONTHS 1 DAYS 22 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Boone Co Mo (STATE OR COUNTRY)

13. NAME Charlie Scott

14. BIRTHPLACE (CITY OR TOWN) Boone Co Mo (STATE OR COUNTRY)

15. MAIDEN NAME Annie Maxwell

16. BIRTHPLACE (CITY OR TOWN) Boone Co Mo (STATE OR COUNTRY)

17. INFORMANT Geo Scott (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Ed. cem DATE 10-31 1937

19. UNDERTAKER R. C. Freeman (ADDRESS) Columbia Mo

20. FILED 10/30/1937 Allie Selby Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-29, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 23, 1937, to Oct 29, 1937

I last saw him alive on Oct 27, 1937. Death is said to have occurred on the date stated above, at 5:45 p.m.

The principal cause of death and related causes of importance were as follows:
Date of onset

myocarditis

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Ed Moore M. D.

(Address) Columbia Mo

